

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

RECEIVED
 U.S. MARSHAL

PLAINTIFF
 UNITED STATES OF AMERICA

COURT CASE NUMBER
 03-54E

DEFENDANT
 Real Property Known and Numbered As 12 East 11th St., et al.

103 DEC 10 A 6:20
 TYPE OF PROCESS
 DESTROY PROPERTY

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 SEE BELOW
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

MARY MCKEEN HOUGHTON
 ASSISTANT U.S. ATTORNEY
 633 U.S.P.O. & COURTHOUSE
 PITTSBURGH, PA 15219
 (412) 644-6750

FILED

OCT 25 2006

CLERK, U.S. DISTRICT COURT

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated October 6, 2003, please destroy the drug paraphernalia.

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

412-894-7398

DATE

12/3/03

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date Time ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

Asset ID# 03-DEA-418390, 03-DEA-418392, 03-DEA-418394, 03-DEA-418396, 03-DEA-418399, 03-DEA-418402

See remarks in destruction order of drug paraphernalia

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED